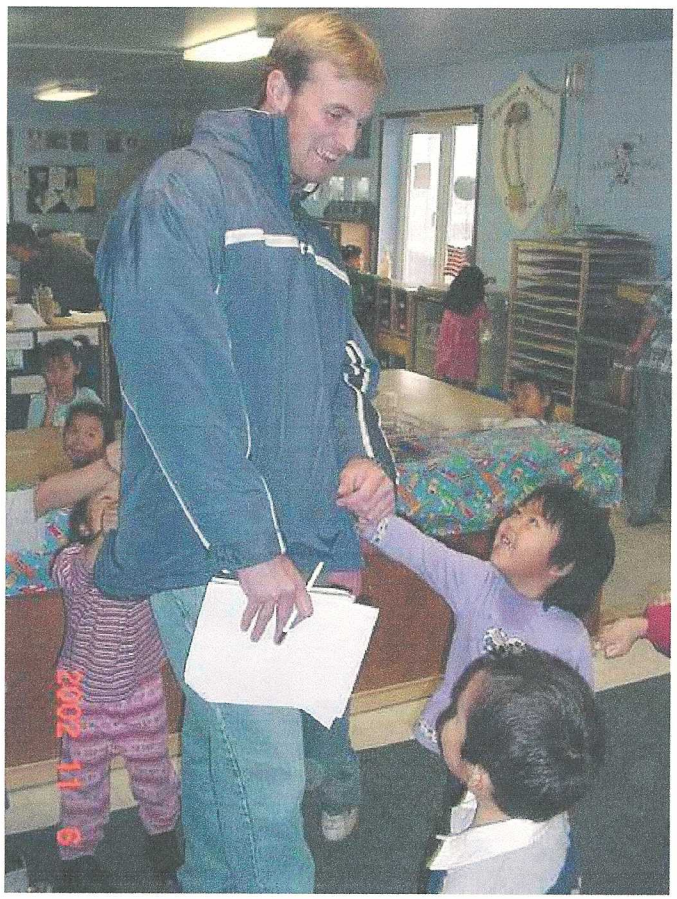
Indian Health Service
Office of Environmental Health and Engineering
Division of Environmental Health Services



Fiscal Year 2002
Annual Report

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Fiscal Year 2002
Annual Report

Prepared by

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Brookeville, Maryland
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Message from the Director, Division of Environmental Health Services
Kelly M. Taylor, M.S., R.E.H.S

I am proud to present the Indian Health Service Division of Environmental Health Annual Report for 2002. This report covers activities conducted by Indian Health Service and tribal/corporation environmental health partners throughout the nation. The focus of the report is on activities and accomplishments that were directed toward achieving the four strategic initiatives outlined in our strategic plan and the ten essential public health services as described by the Public Health Functions Steering Committee. I hope you will find it informative.

Almost since the inception of the Indian Health Service in 1955, the Environmental Health Services program has worked in relative obscurity, doing the job just because it needed to be done. Our program continues to suffer from a lack of visibility, not only outside the Indian Health Service, but within the Agency as well. We now realize we need to do something about marketing our program and telling others about our accomplishments. This report should serve as one tool to improve marketing and visibility of the program. It should become clear to those who read this report that we are a dynamic program willing and eager to take on new challenges to enhance the health of the American Indian and Alaska Native people we serve.

Throughout the nation, 2002 saw an emphasis on public health/emergency preparedness that brought needed resources to states and other federal agencies, yet by-passed the Indian Health Service - the primary federal agency tasked with providing health services to over one million American Indians and Alaska Natives. It is now more important than ever that we find innovative ways to market our program and showcase the exciting public health projects and activities that we conduct in over 3,000 communities.

For many years, the Indian Health Service Environmental Health Services program has been working in partnership with the communities we serve to identify, prioritize, and take action on critical environmental health problems. Other more high profile federal agencies are just now beginning to recognize the importance of the community in advancing environmental and public health. It is my hope that this report will be a useful tool in promoting our program's many achievements and help to define a comprehensive twenty-first century environmental health program.

Division of Environmental Health Services
Annual Report for Fiscal Year 2002
Executive Summary

Fiscal Year 2002 was a year of change and progress within the Division of Environmental Health Services. The program saw changes in content, such as the increasing emphasis on security and emergency preparedness in the aftermath of September 11, as well as leadership with the selection of Kelly M. Taylor as the Director, DEHS. The following summary highlights the major program accomplishments during 2002.

Strategic Plan Accomplishments

1. Maximize the utilization of available resources by optimizing the coordination of program activities and the accountability of program resources.

   - The DEHS program budget for FY 2002 was just over $18 million, which represents approximately a 112% increase over the past 10 years.
   - Collaboration with tribal partners increased during the past year. During FY 2002, approximately 48% of all DEHS programs were managed by tribal programs under 638.
   - DEHS staff continued to work closely with other federal partners to expand the level of services that could be offered to their customers.

2. Maximize the recruitment, retention and professional development of program staff.

   - DEHS staff made a total of 16 visits to university environmental health programs to recruit highly qualified staff.
   - A total of 15 DEHS staff were enrolled in long term training programs during fiscal year 2002 in pursuit of advanced degrees in environmental health.
   - A total of 68 DEHS staff received individual honor awards during FY 2002.

3. In collaboration with tribal communities, identify critical health needs in American Indian and Alaska Native communities.

   - DEHS staff established a web-based environmental heath reporting system (WebEHRS) during FY 2002 that will greatly enhance the program's ability to collect data regarding community environmental health indicators.

4. Develop a system to market the successes and capabilities of the EHS program.

   - During FY 2002, DEHS staff established a web site that greatly enhances their ability to display an expanded array of program information electronically.

Accomplishments in addressing essential public health services

1. Health status monitoring

   - The web-based data management system (WebEHRS) became fully operational during FY 2002. All IHS programs and 19 tribal environmental health services programs used WebEHRS to input and track program management data.
   - Services were provided to a total of 19,190 facilities during FY 2002. This number includes a total of 4,247 surveys of tribal facilities to monitor environmental health status.

2. Diagnosis and investigation of community health problems

   - Fiscal Year 2002 will go down in the annals of the DEHS as the "Year of the Black Mold," as most Areas were involved in one way or another in doing mold investigations. One of the Institutional Environmental Health postgraduate students facilitated the development of a DEHS position paper that describes the roles and responsibilities of DEHS staff in dealing with mold investigations.

3. Legislative initiatives and policy development

   - In the aftermath of September 11, many Area DEHS offices were assigned the responsibility for coordinating Area bioterrrorism and Continuation of Operations (COOP) activities during fiscal year 2002. Unlike states and tribes, the IHS has not received any funds for development and implementation of these plans. To maximize the use of limited resources, Headquarters initiated efforts to produce guidance and standard approaches to the problem.

4. Information, education and empowerment

   - The Injury Prevention Fellowship, which had been conducted for many years, was not offered during fiscal year 2001 to allow program staff time to revise the curriculum and course criteria. Beginning in 2002, the former Fellowship will be offered in even-numbered years and renamed the "Epidemiology Fellowship." Beginning in 2003 and being offerd in odd-numbered years, a new program called the "Program Development Fellowship" will be offered. A total of nine Fellows participated in the Epidemiology Fellowship during 2002. One of these Fellows, Ms. Shelli Stephens-Stidham from the Oklahoma State Health Department Injury Prevention Program, was the first representative from a state health department to participate in the Fellowship. The program anticipates the participation of 14 Fellows in the 2003 Program Development Fellowship.

5. Community partnerships

- All areas have established local injury prevention coalitions to address community injury prevention concerns.

6. Access to services

- The DEHS program operated during FY 2002 under a 38% level of need funded. DEHS program staff established agreements with 10 federal partners to help to address this significant shortfall in level of need funding.

7. Program evaluation

- In-Area consultations were suspended during fiscal year 2002 to allow program staff to revise the consultation protocols and considerations in order to more effectively meet the changing needs of area programs. Injury prevention evaluations were done of area and tribal grantee programs by the University of North Carolina during the past year in the Nashville, Billings and Tucson Areas.

8. Program staffing

- Thirty-seven percent (88 of 235) of all DEHS staff are professionally credentialed as a Registered Sanitarian/ Environmental Health Specialist, Certified Industrial Hygienist, or Certified Safety Inspector. Eleven people have completed the Institutional Environmental Health Residency/Postgraduate Program, and fifty-six have completed the Injury Prevention Fellowship.

9. Support for community health efforts

- Between FY 2000 and FY 2002, a total of $4,167,951 was distributed directly to the tribes to fund community injury prevention program capacity building grants.

10. Innovative solutions

- The Nashville Area has been working with HUD to develop an innovative training film that will be used by housing authorities across the United States to train staff in proper techniques for investigating mold infestations in residential homes.
- The Oklahoma Area employed a summer extern to investigate the effectiveness of new film/screen combinations to reduce radiation exposures. The information provided as a result of the evaluation has been applied to reduce patient exposures to radiation by approximately 20 percent.

Division of Environmental Health Services Strategic Plan,
Building the Safest, Healthiest Communities in the World

Our Vision

Every American Indian and Alaska Native will live in a safe, healthy environment. Community based environmental health programs will utilize sound public health practices and resources to achieve the lowest disease and injury rates in the world.

Our Mission

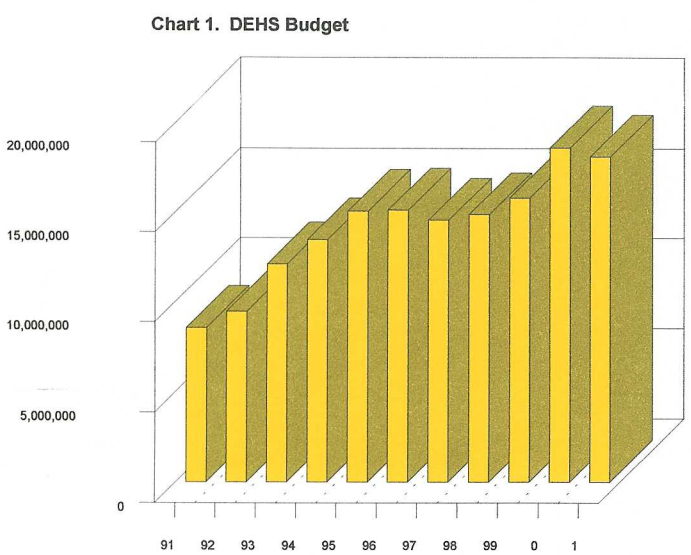
Through shared decision making, enhance the health and quality of life of all American Indians and Alaska Natives to the highest possible level by eliminating environmentally related disease and injury through sound public health measures.

Our Core Values

Excellence in the quality of services we provide
Sovereignty of the Tribes as authority over the types and acceptability of services provided
Responsiveness to Tribal needs and community values
Preserving human health as our primary consideration

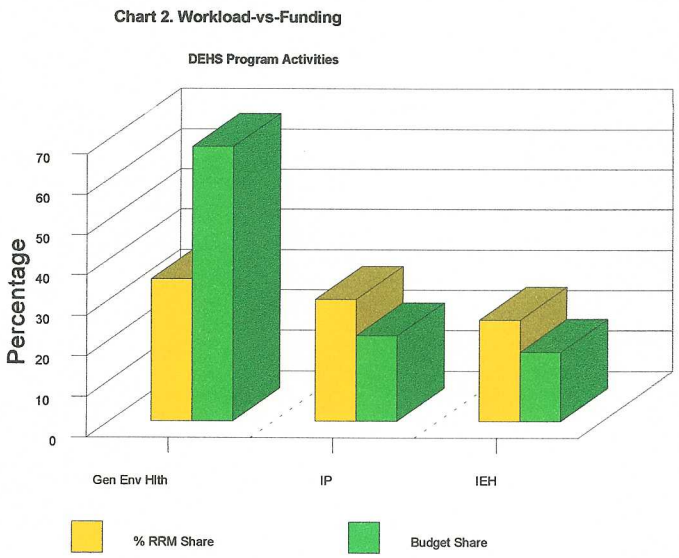
Strategic Initiatives

1. Maximize the utilization of available resources by optimizing the coordination of program activities and the accountability of program resources.



As shown in Chart 1, the DEHS budget has increased by 112% over the last 10 years, from approximately $8 million in fiscal year 1991 to just over $18 million in fiscal year 2001. DEHS funds support a wide variety of activities, including injury prevention, institutional environmental health, safety management and industrial hygiene, food safety, vector control, and technical assistance to community water and waste disposal facility operators. Budget planning is done annually in consultation with tribal partners. DEHS program staff allocates appropriated funds to Area and Tribal programs under a workload-based resource requirement methodology that allocates resources in accordance with the identified level of need.

Chart 2 shows a comparison of the distribution of DEHS workload as identified by the Resource Requirement Methodology (RRM) versus the distribution of program funds in the three primary program focus areas: General Environmental Health, Injury Prevention (IP), and Institutional Environmental Health (IEH). The General Environmental Health program receives approximately 70% of the budget because it represents approximately 70% of the total staff. Injury Prevention and Institutional Environmental Health budget shares indicated in the chart reflect only funding directed toward the support of program staff and special projects in those programs. The chart does not reflect the value of time that is devoted toward injury prevention and institutional environmental health program activities by general environmental health program staff .



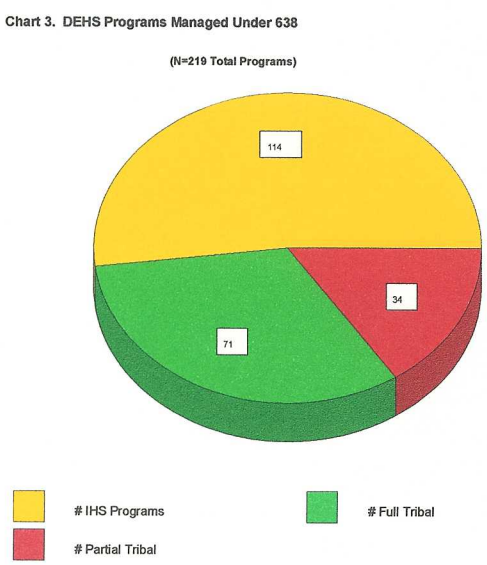
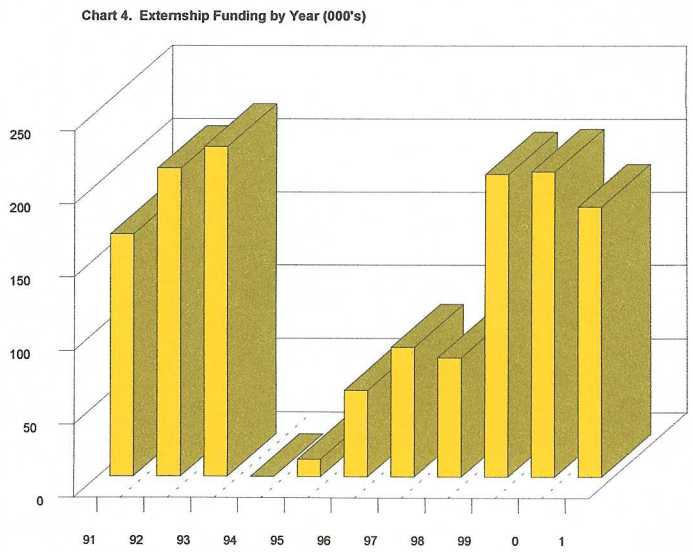


Chart 3 displays the portion of the environmental health services program that is managed either completely or partially by tribes under Public Law 93-638, "The Indian Self-Determination and Educational Assistance Act." Numerals identified inside each pie slice represent the total number of programs managed by that system. Approximately 48% of the total environmental health services program is being managed by the tribes (105 of 219 total programs). Environmental Health Support Account (EHSA) funds managed by these 105 programs account for approximately 35% of the total DEHS budget.

2. Maximize the recruitment, retention and development of program staff.

Chart 4 shows the resources that have been allocated to support student externships in an effort to attract highly qualified college graduates into the program. The externship program was radically reduced during fiscal years 1994 and 1995 because mandated reductions in Full Time Equivalent (FTE) staff placed a moratorium on the recruitment of summer externs. The program began to rebound in fiscal year 1996, and by fiscal year 1999 was back to pre-1994 levels. Program staff made a total of 16 visits to college campuses during fiscal year 2002 to recruit students for externships and full time employment.



DEHS views the opportunity to offer financial support for long term training as a major retention tool, and has supported staff in Master of Public Health programs for many years. During fiscal year 2002, DEHS supported long term training in Master of Public Health programs for a total of 15 staff in IHS and tribal environmental health services programs. Staff in 9 of the 12 Areas received long term training support. Two additional staff were enrolled in the Institutional Environmental Health Residency and Postgraduate Program at the Uniformed Services University of the Health Sciences during fiscal year 2002.

Staff recognition is another important aspect of DEHS retention efforts. Table 1 shows the distribution of PHS, IHS, and Tribal individual honor awards that were presented to DEHS staff during fiscal year 2002.

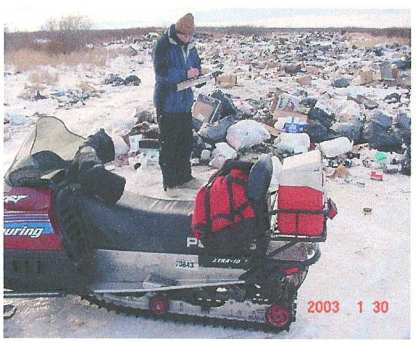
Table 1. Individual Honor Awards by Area

Area	PHS Award			IHS Award			Special Assign Award	Tribal Award	Total
	Citation	AM*	CM**	Area Award	Cash Award	IHS Director's Award			
Aberdeen						9			9
ANTHC									0
Albuquerque			4	2	8			2	16
Bemidji	1	1		1	1				4
Billings				2				1	3
California	1		1					2	4

Area	PHS Award			IHS Award			Special Assign Award	Tribal Award	Total
	Citation	AM *	CM**	Area Award	Cash Award	IHS Director's Award			
Nashville			1	1	1		1		4
Navajo	2	1			11				14
Oklahoma			1	2	4			1	8
Phoenix		1		1					2
Portland		1		1					2
Tucson		1		1					2
Total	4	5	7	11	25	9	1	6	68

* AM = Achievement Medal
** CM = Commendation Medal

3. In collaboration with Tribal communities, identify critical health needs in American Indian and Alaska Native communities.

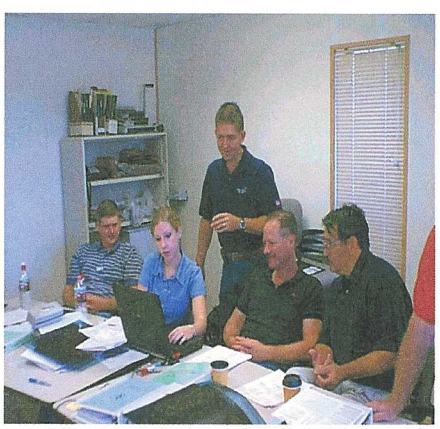


Tribal Sanitarian conducting solid waste survey

DEHS staff located at the service unit and district levels currently work with their respective tribal governments to establish annual work plans that are based on commonly agreed upon community environmental health concerns. DEHS staff established a web-based environmental heath reporting system (WebEHRS) during fiscal year 2002 that will greatly enhance the program's ability to collect data regarding community environmental health indicators. During fiscal year 2003 and beyond, DEHS staff will begin conducting comprehensive community environmental health assessments. Data from these assessments will be used to identify key environmental health indicators, which will be tracked by WebEHRS.

4. Develop a system to market the successes and capabilities of the Environmental Health Services program.

DEHS staff established a web site that greatly enhances their ability to display an expanded array of program information electronically. During 2003, each Area EHS program will establish links to the national IHS web site to further enhance the usefulness of the information contained on the site.



Training session in using web-based injury surveillance system

Significant Accomplishments in Addressing Essential Public Health Services During FY 2002

1. Health Status Monitoring

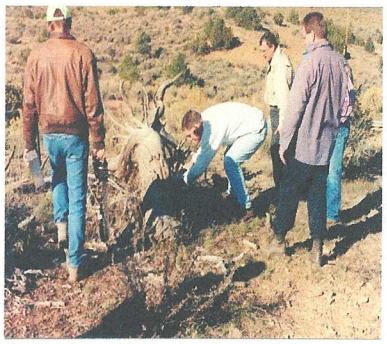
Environmental health services program staff provided services to a total of 19,190 facilities during fiscal year 2002. These services included 4,247 surveys of tribal facilities to monitor environmental health status. The WebEHRS will be refined during fiscal year 2003 to enhance its capability to track conditions reported upon by the surveys. As shown in Table 2, a total of 19 tribal environmental health programs utilized WebEHRS to track community environmental health monitoring activities. Most tribal and IHS environmental health services programs are using WebEHRS to track workload requirements and facility survey status.

Table 2. WebEHRS Utilization by Tribal Programs

Area	# Tribes Using WebEHRS
Aberdeen	1
ANTHC	8
Albuquerque	0
Bemidji	1
Billings	3
California	1
Nashville	3
Navajo	0
Oklahoma	2
Phoenix	0
Portland	0
Tucson	0
Total	19

DEHS staff introduced WebCIDENT during fiscal year 2002, which provides an efficient web-based system for reporting and tracking illness and injuries that occur at IHS and tribal health care facilities. Staff received WebCIDENT training during fiscal year 2002 and full implementation is expected during fiscal year 2003.

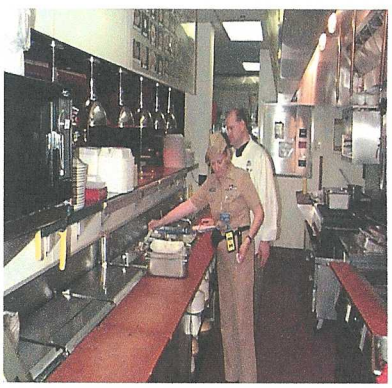
2. Diagnosis and Investigation of Community Health Problems and Health Hazards



Hantavirus surveillance, southwestern United States

Environmental health services staff conducted a variety of disease outbreak investigations during fiscal year 2002. Following are a few highlights that represent the level of activity that was ongoing in every Area.

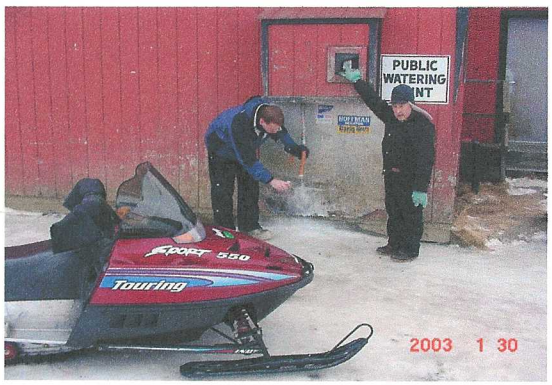
- Alaska Native Tribal Health Consortium staff investigated an outbreak of *C. botulinum* poisoning that affected 8 people. The investigation determined that the outbreak occurred as a result of consuming muktuk that had been prepared from a beached beluga whale carcass. Staff worked with local tribal officials to implement control measures targeted at preventing further harvesting of meat from the whale and to recover any meat that had already been harvested.
- Navajo Area and CDC staff investigated an outbreak of relapsing fever in which 11 cases were confirmed out of 39 people exposed during a traditional sing in a mountainous region of the Navajo Nation.
- The Lawton Service Unit Sanitarian in the Oklahoma City Area responded to a referral regarding a colony of Africanized Honey Bees (Killer Bees) at a local construction site. The Sanitarian coordinated actions to dispose of the colony.
- A retail food survey conducted by a Bemidji Area Sanitarian and the FDA revealed elevated lead levels in maple syrup. As a result, the equipment containing lead solder was removed from production resulting in a lead-free product. Because the facility in question markets their product nationally, this action had potential national implications.



IHS Sanitarian inspects the kitchen of a tribal casino

- Fiscal Year 2002 will go down in the annals of the DEHS as the "Year of the Black Mold," as most Areas were involved in one way or another in doing mold investigations. One of the Institutional Environmental Health postgraduate students facilitated the development of a DEHS position paper that describes the roles and responsibilities of DEHS staff in dealing with mold investigations. Headquarters DEHS staff will continue to work on a comprehensive IHS indoor air quality guideline during fiscal year 2003/2004.

3. Legislative Initiatives and Policy Development



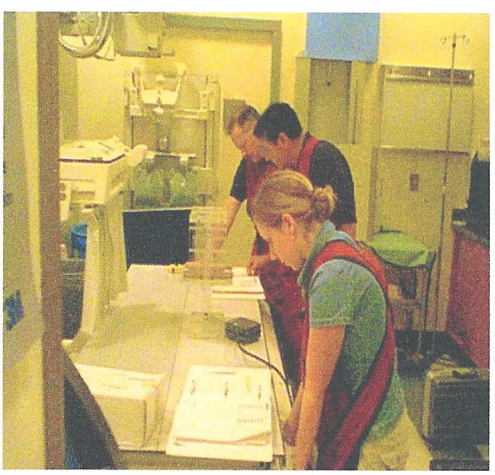
Conducting surveillance of a community water system

Many Areas worked to achieve child occupant restraint laws during fiscal year 2002. Many of these laws were the result of community based activism led by tribal leaders who had attended IHS-sponsored injury prevention training programs. The experience of the Bemidji Area is representative of what was going on in many Areas. A tribal police officer who had attended an Area Introduction to Injury Prevention Course was instrumental in getting a tribal primary seatbelt/child car seat law passed, and a tribal sanitarian who had graduated from the IHS Injury Prevention Fellowship were the primary moving forces in getting legislation passed in their respective communities.

In the aftermath of September 11, many Area DEHS offices were assigned the responsibility for coordinating Area bioterrrorism and Continuation of Operations (COOP) activities during fiscal year 2002. Unlike states and tribes, the IHS has not received any funds for development and implementation of these plans. To maximize the use of limited resources, Headquarters initiated efforts to produce guidance and standard approaches to the problem.

Sanitarians in the Bemidji and Portland Areas were instrumental in initiating the process to assist several tribes in adopting the FDA model food code as the tribal food code.

4. Information, Education and Empowerment



Radiological health survey procedures course

DEHS staff provided a variety of training opportunities for IHS and tribal environmental health staff during fiscal year 2002. Every Area offered the Introduction to Injury Prevention Course during the year. The Environmental Health Support Center located in Albuquerque, New Mexico provided training to environmental health services staff in safety management, emergency response, health care facility accreditation, institutional environmental health, and web-based computer applications. The following courses were offered by individual areas to local IHS and tribal staff based on locally occurring need: playground safety, basic water skills, epidemiology, food safety, bioterrorism and emergency planning, water system operator's training, and infection control. The Injury Prevention Fellowship, which had been conducted for many years, was not offered during fiscal year 2001 to allow program staff time to revise the curriculum

and course criteria. Beginning in 2002, the former Fellowship will be offered in even-numbered years and renamed the "Epidemiology Fellowship." Beginning in 2003 and being offerd in odd-numbered years, a new program called the "Program Development Fellowship" will be offered. A total of nine Fellows participated in the Epidemiology Fellowship during 2002. The program anticipates the participation of 14 Fellows in the 2003 Program Development Fellowship.

A total of $4,167,951 has been distributed directly to the tribes to fund community injury prevention program capacity building grants. Part 1 Grants provide up to $50,000 per year for up to 5 years to allow communities to develop basic program capacity, including the hiring of temporary staff. Part 2 grants provide up to $15,000 dollars per year for up to 3 years to allow communities to implement proven injury prevention strategies. Part 3 grants were awarded during FY 2000 to provide one-time funding of up to $5,000 to sponsor community injury prevention conferences. Three Part 3 grants were awarded during fiscal year 2000 to the Dakota Center for Independent Living in the Aberdeen Area, and the Grand Traverse Band and the Sault St. Marie Tribe in the Bemidji Area. Table 3 provides a summary of those tribes that received Part 1 and Part 2 grants during fiscal year 2002. Table 4 provides a summary of total grant funding by Area from 2000 through 2002.

Table 3. Community Capacity Building Grants by Area and Tribe

Part 1 (5-Year) Grants	
Area	**Tribe**
Aberdeen	Spirit Lake, Three Affiliated Tribes, Trenton Service Area, United Tribes Technical College
ANTHC	Kodiak, Southeast Alaska
Albuquerque	Jemez Pueblo
Bemidji	Bad River Band, Fond Du Lac
Billings	Chippewa Cree/Rocky Boy
California	California Area Rural Indian Health Board, Hoopa Valley
Nashville	Eastern Band Cherokee, St. Regis Mohawk
Navajo	Hardrock Council, Navajo Highway Safety
Oklahoma	Caddo, Chickasaw, Comanche, Caw, Ponca

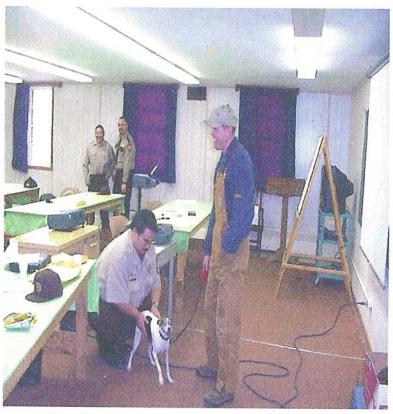
Part 1 (5-Year) Grants (Con't)	
Area	**Tribe**
Phoenix	Colorado River, First Mesa Consolidated Villages, Reno-Sparks Colony
Tucson	Pasqua Yaqui
Part 2 (3-Year) Grants	
Area	**Tribe**
Aberdeen	Ponca Tribe of Nebraska,Rosebud Sioux
ANTHC	Southcentral
Bemidji	Gerald Ignace Health Center, Mille Lacs Band of Ojibwe, Stockbridge Munsee, White Earth
Nashville	Houlton Band of Maliseet
Phoenix	Ak-Chin Indian Community, White Mountain Apache

Table 4. Community Capacity Building Grants Summary by Area, 2000-2002

Area	Part 1 Grants		Part 2 Grants		Part 3 Grants		Total Funding
	# Grants	Funding	# Grants	Funding	# Grants	Funding	
Aberdeen	4	$600,000	2	$90,000	1	$5,000	$695,000
ANTHC	2	$297,966	1	$45,000	0	$0	$342,966
Albuquerque	1	$150,000	0	$0	0	$0	$150,000
Bemidji	2	$300,000	4	$114,230	2	$10,000	$424,230
Billings	1	$150,000	1	$45,000	0	$0	$195,000
California	2	$300,000	0	$0	0	$0	$300,000
Nashville	2	$300,000	1	$42,801	0	$0	$342,801
Navajo	2	$299,646	0	$0	0	$0	$299,646
Oklahoma	5	$683,368	1	$45,000	0	$0	$728,368

Table 4. Community Capacity Building Grants Summary by Area (Con't)

Area	Part 1 Grants		Part 2 Grants		Part 3 Grants		Total Funding
	# Grants	Funding	# Grants	Funding	# Grants	Funding	
Phoenix	3	$450,000	2	$89,940	0	$0	$539,940
Portland	0	$0	0	$0	0	$0	$0
Tucson	1	$150,000	0	$0	0	$0	$150,000
Total	25	$3,680,980	12	$471,971	3	$15,000	$4,167,951



Village rabies clinic in Alaska

5. Community Partnerships

All areas have established local injury prevention coalitions to address community injury prevention concerns such as highway safety, child passenger restraint utilization, fire prevention, and bioterrorism/ emergency response. One unique partnership was established in the Bemidji Area during 2002 to address mold concerns in tribal communities. A multi-agency coalition comprised of Area DEHS, the Office of Native American Programs in HUD, EPA, FEMA, tribal environmental health programs and health authorities, the State of Wisconsin,and the Universities of Illinois and Minnesota came together to provide assistance to area tribes in assessing moisture and mold problems in tribal homes.

6. Access to Services

Table 5 displays the current level of need funded for each of the twelve areas. Data provided represents only those staff that are funded via the Environmental Health Support Account (EHSA), either through direct IHS hire or through tribal hires via 638.

Table 5. Level of Need Funded (LNF), DEHS Program

Area	# Tribal & IHS Staff	Workload-Based Staff Requirement	% LNF
Aberdeen	25	53.7	47
ANTHC	26	75.7	34
Albuquerque	25	36.3	69
Bemidji	8	42.3	19

Table 5. Level of Need Funded (LNF), DEHS Program (Con't)

Area	# Tribal & IHS Staff	Workload-Based Staff Requirement	% LNF
Billings	13	31.9	41
California	6.5	38.6	17
Nashville	17.5	36.8	48
Navajo	46	107.1	43
Oklahoma	18	81.5	22
Phoenix	34	65.9	52
Portland	11	42.3	26
Tucson	5	11.7	43
Total	235	623.8	38

In order to maximize the utilization of available resources, DEHS staff has established cooperative agreements with the following federal agencies:

- Administration on Aging
- Administration for Children and Families, Head Start Bureau
- Agency for Toxic Substances and Disease Registry
- Bureau of Indian Affairs
- Centers for Disease Control and Prevention
- Food and Drug Administration
- National Highway Traffic Safety Administration
- National Park Service
- Uniformed Services University of the Health Sciences
- U.S. Fire Administration

7. Program Evaluation

In-Area consultations were suspended during fiscal year 2002 to allow program staff to revise the consultation protocols and considerations in order to more effectively meet the changing needs of area programs. Injury prevention evaluations were done of area and tribal grantee programs by the University of North Carolina during the past year in the Nashville, Billings and Tucson Areas.

8. Program Staffing

Chart 5. Current On-Board Staffing, DEHS

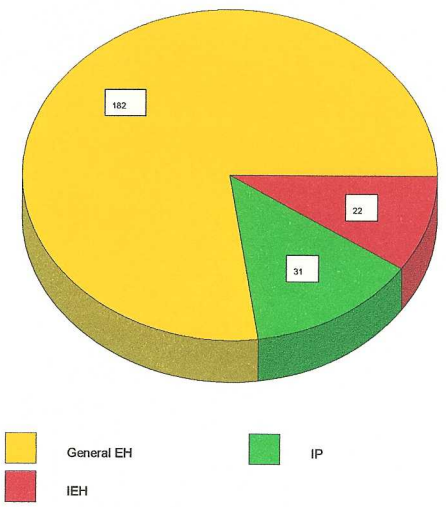


Chart 5 displays the distribution of DEHS staff (N=235) among the three major program areas: General Environmental Health, Injury Prevention (IP), and Institutional Environmental Health (IEH). Numerals located within each pie slice represent the total numbers of staff assigned to each program component. Numbers of staff assigned to each program component represent only those staff that are funded via the EHSA, either through direct IHS hire or through a tribal compact funded by EHSA. Thirty-seven percent (88 of 235) are professionally credentialed as a Registered Sanitarian/ Environmental Health Specialist, Certified Industrial Hygienist, or Certified Safety Inspector. Eleven people have completed the Institutional Environmental Health Residency/Postgraduate Program, and fifty-six have completed the Injury Prevention Fellowship. A total of 94 individuals have one or more of a variety of miscellaneous credentials; such as Child Passenger Safety Technician, Certified Playground Inspector, Certified Swimming Pool Inspector, Hazardous Materials Specialist, and Certified Health care Environmental Manager. Seven staff are certified Environmental Health Technicians.

9. Support for Community Health Efforts

DEHS staff support community efforts to address solid waste issues

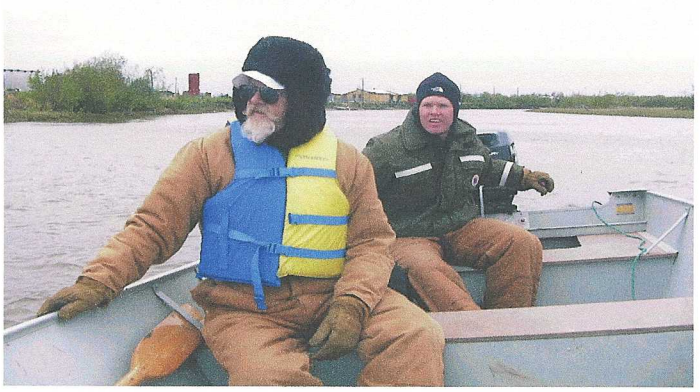
DEHS staff is involved in a variety of collaborative activities with tribal and federal programs to build local program capacity. As discussed previously, DEHS provided in excess of $4,000,000 in fiscal year 2002 to support community injury prevention capacity building efforts. Another outstanding example of these activities is illustrated by the activities of the Southeast Alaska Regional Health Corporation (SEARHC) injury prevention program in Sitka, Alaska. The SEARHC program helped establish three community injury prevention teams in the villages of Klawok, Craig, and Haines. SEARHC provides technical assistance and some injury prevention training to help the teams address a specific type of injury in their community. Some of the projects that have been initiated by these teams include promoting bicycle helmet use among youth, increasing child restraint use, expansion of the Kids Don't Float program, supervised swim instruction, and reducing falls.

10. Innovative Solutions

The wide range of geographical and climatic conditions within which DEHS staff must function mandate an innovative approach toward addressing community environmental health issues. The current era of tribal self-determination has further produced a paradigm shift within the DEHS program, by which they must actively seek innovative ways to solicit community input into the management process, including the setting of goals and priorities. The following summary represents these approaches.

DEHS staff must be flexible enough to effectively find solutions to environmental health problems in the most remote parts of rural America as well as the middle of busy urban areas.

- The Nashville Area has been working with HUD to develop an innovative training film that will be used by housing authorities across the United States to train staff in proper techniques for investigating mold infestations in residential homes.
- The Oklahoma Area employed a summer extern to investigate the effectiveness of new film/screen combinations to reduce radiation exposures. The information provided as a result of the evaluation has been applied to reduce patient exposures to radiation by approximately 20 percent.



Alaska environmental health staff "take to the river" to reach a remote village.